

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ALABAMA

Case number (if known) _____

Chapter 7

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| | | | |
|--|---|--|---|
| 1. Debtor's name | <u>Integrity Family Care Inc.</u> | | |
| 2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names | DBA <u>Integrity Family Care North Alabama LLC</u> <u>DBA Integrity Family Care North Alabama</u> <u>DBA Integrity Family Care LLC</u> <u>DBA Integrity Family Care</u> | | |
| 3. Debtor's federal Employer Identification Number (EIN) | <u>81-3042285</u> | | |
| 4. Debtor's address | Principal place of business <u>1041 Balch Road, Suite 300</u> <u>Madison, AL 35758</u> Number, Street, City, State & ZIP Code | Mailing address, if different from principal place of business <u>25 Beck St</u> <u>Huntsville, AL 35806</u> P.O. Box, Number, Street, City, State & ZIP Code | Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code |
| 5. Debtor's website (URL) | <u>https://www.integrityfamilycare.com/</u> | | |
| 6. Type of debtor | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____ | | |

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See
<http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 04/01/25 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D) and it chooses to proceed under Subchapter V of Chapter 11.
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

- No.
 Yes.

| | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
 Yes.

| | | |
|--|-----------------------------------|------------------------|
| Debtor | Integrity Family Care Inc. | Case number (if known) |
| Name | | |
| List all cases. If more than 1, attach a separate list | | |
| Debtor | Relationship | |
| District | When | Case number, if known |

| | |
|---|--|
| 11. Why is the case filed in this district? | Check all that apply: |
| <input checked="" type="checkbox"/> Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. | |
| 12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed. |
| Why does the property need immediate attention? (Check all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? _____ <input type="checkbox"/> It needs to be physically secured or protected from the weather. <input type="checkbox"/> It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). <input type="checkbox"/> Other _____ | |
| Where is the property? Number, Street, City, State & ZIP Code | |
| Is the property insured? <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes. Insurance agency _____ Contact name _____ Phone _____ | |

Statistical and administrative information

| | | | |
|---|---|---|--|
| 13. Debtor's estimation of available funds | Check one: | | |
| <input checked="" type="checkbox"/> Funds will be available for distribution to unsecured creditors. <input type="checkbox"/> After any administrative expenses are paid, no funds will be available to unsecured creditors. | | | |
| 14. Estimated number of creditors | <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000 |
| 15. Estimated Assets | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |
| 16. Estimated Liabilities | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |

Debtor Integrity Family Care Inc.
Name _____

Case number (*if known*) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 23, 2022
MM / DD / YYYY

X /s/ Jason Lockette

Signature of authorized representative of debtor

Jason Lockette

Printed name

Title President

18. Signature of attorney

X /s/ Kevin D. Heard

Signature of attorney for debtor

Date May 23, 2022

MM / DD / YYYY

Kevin D. Heard

Printed name

Heard, Ary & Dauro, LLC

Firm name

303 Williams Avenue

Park Plaza, Suite 921

Huntsville, AL 35801

Number, Street, City, State & ZIP Code

Contact phone 256-535-0817

Email address kheard@heardlaw.com

ASB-4873-E50K AL

Bar number and State

Fill in this information to identify the case:

Debtor name Integrity Family Care Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ALABAMA

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 23, 2022

X /s/ Jason Lockette

Signature of individual signing on behalf of debtor

Jason Lockette

Printed name

President

Position or relationship to debtor

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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Best Case Bankruptcy

Fill in this information to identify the case:

Debtor name **Integrity Family Care Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

Check if this is an amended filing

Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **177,754.56**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **177,754.56**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **2,465,436.87**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **116,607.18**

4. Total liabilities
Lines 2 + 3a + 3b

\$ **2,582,044.05**

Fill in this information to identify the case:

Debtor name **Integrity Family Care Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

| | | | |
|---------------------------|-----------------|-------------|-----------------|
| 3.1. Progress Bank | Checking | 7463 | \$155.65 |
|---------------------------|-----------------|-------------|-----------------|

| | | | |
|----------------------------------|-----------------|-------------|----------------|
| 3.2. Tower Community Bank | Checking | 7601 | \$25.00 |
|----------------------------------|-----------------|-------------|----------------|

| | | | |
|---|--|-------------|----------------|
| 3.3. Bank Independent - doubtful | | 4670 | Unknown |
|---|--|-------------|----------------|

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$180.65

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

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Best Case Bankruptcy

Debtor Integrity Family Care Inc. _____ Case number (*If known*) _____
Name _____

Yes Fill in the information below.

11. **Accounts receivable**

| | | | | | |
|---------------------------|-----------------|---|------------------------------------|--------|-------------------|
| 11a. 90 days old or less: | <u>5,000.00</u> | - | <u>0.00</u> | = | <u>\$5,000.00</u> |
| | face amount | | doubtful or uncollectible accounts | | |

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,000.00

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.

Yes Fill in the information below.

| | | Valuation method used for current value | Current value of debtor's interest |
|-------|--|--|---------------------------------------|
| 14. | Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock: | | |
| 15. | Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity: | % of ownership | |
| | Non-Controlling Ownership in NAHR, LLC as of 12/31/2021 | % | <u>\$4,905.71</u> |
| 15.2. | Integrity Family Care North Alabama LLC | <u>100</u> % | <u>\$0.00</u> |

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe: _____

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$4,905.71

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Yes Fill in the information below.

Debtor Integrity Family Care Inc. Case number (*If known*) _____

Name _____

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|--|--|---|
| 39. | Office furniture | | | |
| 40. | Office fixtures | | | |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software <u>See, Attachment-Office Equipment</u> | | <u>Unknown</u> | <u>\$23,235.00</u> |

1352690 GE MEDICAL S L6-12-Rs Probe S/N:

190531103336

1352717 GE MEDICAL S Logiq V2 Usa S/N:

190531103337

1352441 GE MEDICAL S Needle Recognition Option

1352321 GE MEDICAL S Onsite Apps Trng 1 Day

1352531 GE MEDICAL S Logiq V1/V2 Cart Usa

Unknown

\$15,107.95

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$38,342.95

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|----------------------------|--|--|---|
| | | | | |

| | | |
|----------------------------------|--|---|
| Debtor | Integrity Family Care Inc. | Case number (<i>If known</i>) |
| | Name | |
| 60. | Patents, copyrights, trademarks, and trade secrets | |
| 61. | Internet domain names and websites | Unknown |
| | www.integrityfamilycare.com | Unknown |
| 62. | Licenses, franchises, and royalties | |
| 63. | Customer lists, mailing lists, or other compilations | |
| 64. | Other intangibles, or intellectual property | |
| 65. | Goodwill | |
| 66. | Total of Part 10. | |
| | Add lines 60 through 65. Copy the total to line 89. | |
| 67. | Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 68. | Is there an amortization or other similar schedule available for any of the property listed in Part 10? | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 69. | Has any of the property listed in Part 10 been appraised by a professional within the last year? | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Part 11: All other assets | | |
| 70. | Does the debtor own any other assets that have not yet been reported on this form? | |
| | Include all interests in executory contracts and unexpired leases not previously reported on this form. | |
| | <input type="checkbox"/> No. Go to Part 12. <input checked="" type="checkbox"/> Yes Fill in the information below. | |
| 71. | Notes receivable | Current value of debtor's interest |
| | Description (include name of obligor) | |
| 72. | Tax refunds and unused net operating losses (NOLs) | |
| | Description (for example, federal, state, local) | |
| | Employee Retention Tax Credit | \$94,325.25 |
| 73. | Interest in insurance policies or annuities | |
| 74. | Causes of action against third parties (whether or not a lawsuit has been filed) | |
| | Potential cause of action against Lister Healthcare Corporation for breach of contract and negligence in regards to operation of business assets. | |
| | Nature of claim | Unknown |
| | Amount requested | \$0.00 |
| 75. | Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to | |

Debtor Integrity Family Care Inc. _____ Case number (*If known*) _____
Name _____

set off claims

76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** Examples: Season tickets,
country club membership

Medicare Quality Incentive 2021 _____ \$35,000.00

78. **Total of Part 11.** _____ \$129,325.25
Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No
 Yes

Debtor Integrity Family Care Inc.
Name

Case number (*If known*) _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|--|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | \$180.65 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$0.00 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$5,000.00 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$4,905.71 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$0.00 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$38,342.95 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$0.00 | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | \$0.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$0.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$129,325.25 | |
| 91. Total. Add lines 80 through 90 for each column | \$177,754.56 | + 91b. \$0.00 |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$177,754.56 |

Attachment - Office Equipment

| Qty | |
|-----|--|
| 1 | Chair, blood drawing |
| 15 | Cainet, sharps |
| 15 | Can, waste |
| 4 | Light, exam, LED with mobile stand |
| 16 | Stool, exam, airlift |
| 6 | Table, exam, drawer, lift |
| 4 | Upholstery top, pebble grey |
| 4 | Table, exam, flat |
| 4 | table, base, tilt |
| 2 | Illuminator, vaginal, cordless |
| 1 | Spirometer, PC based |
| 1 | Arm, cable, EKG office cart |
| 1 | EKG office cart |
| 1 | EKG software |
| 3 | Monitor, BP |
| 3 | Power mgmt stand |
| 2 | Scale, digital |
| 2 | Mayo stand |
| 1 | thermometer |
| 2 | wheelchair, 24" and 18" |
| 10 | emesis basin |
| 6 | wash basin |
| 1 | cryotherapy kit |
| 1 | contanier, sharps |
| 3 | reflex hammer |
| 4 | rechargeable battery wall plug |
| 4 | ophthalmoscope head |
| 4 | otoscope head |
| 1 | nebulizer |
| 1 | microwave |
| 1 | compact refrigerator |
| 2 | refrigerator |
| 2 | Mini refrigerator |
| 1 | Phillips AED |
| 1 | GE ultrasound/stand |
| 1 | high frequency ultrasound probe |
| 1 | low frequency ultrasound probe |
| 1 | server battery backup |
| 1 | large mounted white board |
| 3 | TV, Roku, with Apple TV |
| 1 | Lexmark color copier/scanner/fax |
| 1 | Lexmark B/W copier/scanner/fax |
| 3 | Sonos Wifi speakers |
| 1 | Dell server |
| 1 | Apple iMac, 24' |
| 7 | Epson scanner |
| 1 | MacBook, 13' |
| 14 | Dell laptop/charger/mouse |
| 3 | Apple MacMini |
| 6 | Dell desktop/monitor |
| 3 | Chromebook |
| 2 | Monitor |
| 1 | HP desktop/monitor |
| 4 | Herman Miller Mirra 2 Chair for receptionists |
| 1 | Arcadia Avesa Island seating unit for 6 and 4 tables(quarter round in kona Beech with Designer White Corian tablets) |
| 1 | Arcadia Serafina Bench seating for 3 |

taken by IT provider

- 4 Langston Lounge chairs, Momentum Bravo II, Cinder Upholstery
 - 2 Arcadia Soleil Guest Chairs, Maharam Anagram Seat back, Momentum Bravo Seat, Corian Arms
 - 2 Arcadia Soleil Bariatric Guest Chair,
 - 2 Arcadia Soleil Guest Chairs, Hip chairs
 - 2 Herman Miller Everywhere Bistro Height tables, 30"dia, Warm Grey Neutral Formcoat, metallic silver base
 - 6 Izzy Smile Thermoplastic Barstools, Macaw Blue
 - 2 Wit High Back chairs without arms, Apple Mesh Back, Greystone seat
 - 2 Herman Miller Eames Molded Plastic chairs with arms
 - 2 Herman Miller Eames Molded Plastic chairs without arms
 - 2 Height Adjustable Herman Miller Locale Stations
 - 10 Wit High Back chairs without arms, Apple Mesh Back, Greystone seat
 - 1 Sit On It Wit chair with arms
 - 1 L-Shaped Herman Miller Office
 - 1 Herman Miller Eames Molded Plastic chair without arms
 - 5 Herman Miller Setu Chairs without arms
 - 2 Herman Miller Setu chairs with 4 star base and glides
 - 1 Herman Miller Exclave Table, Teardrop without cutouts for power, seated height
 - 4 Herman Miller Canvas workstations with storage dividers
 - 4 Herman Miller Mirra 2 Chairs
 - 1 Herman Miller Social Chairs to create banquettes and booths
 - 3 Screens for behind Social Chair Banquette
 - 2 Herman Miller 30 Diameter Tables
 - 1 Herman Miller 30x30 Square tables
 - 11 Izzy Smile Thermoplastic chairs
 - 7 Sit On It Wit chairs with Arms
 - 5 Herman Miller 24x60 tables with glides
 - 7 Herman Miller Mobile Pedestals 20"d B/F with cushion top
 - 2 Ventura Heavy Duty Benches
 - 21 Herman Miller Eames Molded Plastic Chairs with Arms
 - 5 Herman Miller Eames Molded Plastic Chairs without arms
 - 2 Intensa Upholstered Phlebotomy chair
 - 1 Intensa Upholstered Bariatric Phlebotomy Chair
- 16 Polycom VVX 250 phones

Fill in this information to identify the case:

Debtor name **Integrity Family Care Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim | Column B Value of collateral that supports this claim |
|-----|--|---|--|
| 2.1 | CPI/AHP Huntsville Madison MOB Owner, LL Creditor's Name | Describe debtor's property that is subject to a lien Lease 1041 Balch Rd Suite 300 Madison, AL | \$1,194,737.58 \$0.00 |
| | 1767 Singing Palm Dr. Apopka, FL 32712 Creditor's mailing address | Describe the lien Lease | |
| | rmonroe@anchorhealthpro perties.com Creditor's email address, if known | Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Date debt was incurred | Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H) | |
| | Last 4 digits of account number | As of the petition filing date, the claim is: Check all that apply | |
| | Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| 2.2 | Dell Financial Creditor's Name Attn: Bankruptcy Department P.O. Box 5275 Carol Stream, IL 60197 Creditor's mailing address | Describe debtor's property that is subject to a lien Computers and server | \$19,826.66 \$5,000.00 |
| | us.dfs.smb@dell.com Creditor's email address, if known | Describe the lien | |
| | Date debt was incurred | Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number | Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H) | |
| | Do multiple creditors have an interest in the same property? | As of the petition filing date, the claim is: Check all that apply | |

Debtor **Integrity Family Care Inc.**

Case number (if known) _____

No
 Yes. Specify each creditor,
including this creditor and its relative
priority.

Contingent
 Unliquidated
 Disputed

2.3 **Highland Capital Corporation**
Creditor's Name

**5 Center Avenue
Little Falls, NJ 07424**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

No
 Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien
Equipment

\$10,241.00

\$0.00

Describe the lien

UCC

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.4 **Kapitus, LLC**
Creditor's Name
**2500 Wilson Blvd.
Suite 350
Arlington, VA 22201**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

4/27/2021

Last 4 digits of account number

1041

**Do multiple creditors have an
interest in the same property?**

No
 Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

\$134,265.54

Unknown

Describe the lien

Loan Agreement

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.5 **TIAA Commercial Finance,
Inc.**

Describe debtor's property that is subject to a lien

\$11,122.40

\$15,107.95

| | | | | | |
|--|--|---|---|--|--|
| <p>Debtor</p> <p>Integrity Family Care Inc.</p> <p>Name</p> <hr/> <p>Creditor's Name</p> | <p>Case number (if known)</p> <hr/> <p>1352690 GE MEDICAL S L6-12-Rs Probe S/N: 190531103336 1352717 GE MEDICAL S Logiq V2 Usa S/N: 190531103337 1352441 GE MEDICAL S Needle Recognition Option 1352321 GE MEDICAL S Onsite Apps Trng 1 Day 1352531 GE MEDICAL S Logiq V1/V2 Cart</p> <hr/> <p>Describe the lien</p> <p>Equipment Lease</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> | | | | |
| <p>10 Waterview Blvd. Parsippany, NJ 07054</p> <hr/> <p>Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p> <hr/> <p>Date debt was incurred 4/24/2019</p> <p>Last 4 digits of account number 0834</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> | <hr/> <p>2.6 Top of Alabama Regional Council of Gover</p> <hr/> <p>Creditor's Name</p> <p>Attn: Bankruptcy Department 5075 Research Drive NW Huntsville, AL 35805</p> <hr/> <p>Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p> <hr/> <p>Date debt was incurred 8/20/15</p> <p>Last 4 digits of account number 0171</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> | <p>Describe debtor's property that is subject to a lien UCC 18-7192015</p> <hr/> <p>Describe the lien</p> <p>Loan & Security Agreement</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> | <p>\$196,828.00</p> <p>Unknown</p> <hr/> <p>2.7 Tower Community Bank</p> <hr/> <p>Creditor's Name</p> <p>Attn: Bankruptcy Department 8097 Madison Blvd., Ste. 106 Madison, AL 35758</p> <hr/> <p>Creditor's mailing address</p> | <p>Describe debtor's property that is subject to a lien UCC 21-7416181: All accounts and equipment</p> <hr/> <p>Describe the lien</p> | <p>\$366,220.32</p> <p>Unknown</p> |

Debtor Integrity Family Care Inc. Case number (if known) _____

Name _____

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

2.8 **U.S. Small Business Administration** \$532,195.37 Unknown

Creditor's Name _____

Attn: Bankruptcy Department
2 North Street, Suite 320
Birmingham, AL 35203

Creditor's mailing address _____

Describe debtor's property that is subject to a lien

UCC 20-7203962

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$2,465,436.8 7

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Henry Schein, Inc.
135 Duryea Road
Melville, NY 11747

Line 2.5

1468

Kapitus Servicing, Inc.
2500 Wilson Blvd.
Suite 350
Arlington, VA 22201

Line 2.4

1041

Debtor Integrity Family Care Inc.
Name _____

Case number (if known) _____

Kyle A. Scholl
200 Randolph Ave Suite 200
Huntsville, AL 35801

Line 2.1

Lanier Ford Shaver & Payne PC
PO Box 2087
Huntsville, AL 35804

Line 2.6

Attachment - Highland Capital Equipment

| <u>Qty</u> | <u>UOM</u> | <u>Vendor Abbr</u> | <u>Catalog Num</u> | <u>Full Item Desc</u> |
|------------|------------|--------------------|--------------------|--|
| 1 | EA | Coultr | 973111 | Analyzer, Access Sts 2 la Coultr |
| 1 | EA | Couleq | 1111 | Analyzer, CBC |
| 1 | EA | Coultr | 2015-142170239 | Analyzer, Au480 |
| 1 | EA | Lab | 1111 | Lab Consultant Credit |
| 1 | EA | Winco | 2573-08 | Chair, Blood Drawing Blk Winco |
| 1 | EA | Lab | LIS | LIS System |
| 1 | EA | Mgm148 | 604 | Rocker, Bld Tube 15place |
| 15 | EA | Mgm128 | 2265 | Cabinet, Sharps W/glove Holder Mgm128 |
| 15 | EA | Mgm81 | 81-35268 | Can, Waste Step-On Sq Mt Wht 32qt Mgm81 |
| 2 | EA | Wa | 44400 | Light, Exam Gs-300 General Led W/mobile Stand Wa |
| 16 | EA | Midmrk | 272-001-312 | Stool, Exam Pneu Airlift 5leg Blk Midmrk |
| 6 | EA | Midmrk | 204-002 | Table, Exam Base Drawer/tilt/hr Midmrk |
| 6 | EA | Midmrk | 002-0870-216 | Table, Upholstery F/204/222 Softouch Pebble Gry Midmrk |
| 4 | EA | Pss732 | 2060F-GNMTLDC | Table, Exam H Flat Hldr/cuttergnml/dchry 27" |
| 2 | EA | Wa | 79810 | Illuminator, Vaginal Cordless W/charg Stand Wa |
| 1 | EA | Wa | SPIRO-S | Spirometer, Pc Based W/cal Syr Wa |
| 1 | EA | Wa | RV100-B | Camera, Retinavue Svc Contract Required |
| 1 | EA | Wa | 102794 | Arm, Cable F/ecg Office Cart Pc Based Wa |
| 2 | EA | Wa | 75CT-B | Monitor, Bp Connex Spo2 Suretemp W/radio |
| 1 | EA | Wa | 105341 | Cart, Ecg 1shlf 2wre Baskets 4wheels Wht |
| 1 | EA | Pelstr | 500KL | Scales, Physician Dig W/ht Rod 500lb Pelstr |
| 1 | EA | Wa | CPR-UI-UB-D | Software, Pcr-100I Interp Pc-Based Resting Ecg Wa |
| 2 | EA | Mgm81 | 81-11100 | Stand, Mayo Instrument Dbl Post Base |
| 2 | EA | Wa | 7000-APM | Stand, Pwr Mgt Accessory |
| 1 | EA | Wa | 01690-200 | Thermometer, Suretemp Plus W/oral Prob Wa |
| 1 | EA | Mgm16 | 115-6801 | Wheelchair, Rem Dsk Arm Swng Ft Blk 24" Lf Mgm16 |
| 1 | EA | Mgm16 | 115-3867 | Wheelchair, Rem Dsk Arm Swng Ft Blk 18" Lf Mgm16 |
| 4 | EA | Midmrk | 222-016 | Base, Table W/tilt/hr Ritter 222 Midmrk |
| 2 | EA | Wa | 44400 | Light, Exam Gs-300 General Led W/mobile Stand Wa |
| 4 | EA | Midmrk | 002-0870-216 | Top, Upholstery F/204/222 Softouch Pebble Gry Midmrk |
| 1 | BX | Mckesn | 00487950126 | Albuterol Sulfate, Sol Inh .083mg/ml 3ml (25/bx) 9nephr |
| 1 | BX | Mgm16 | 24-106 | Applicator, Cotton Tip N/s 6" (100/bx 10bg/bx 10bx Mgm16 |
| 6 | EA | Mckesn | 45802006003 | Bacitracin, Oint 500ug/m 30gm 9perr |
| 6 | BX | Mgm16 | 16-4821 | Bandage, Adhsv Shr Strp 1x3 (100/bx 24bx/cs) Mgm16 |
| 10 | EA | Mgm144 | 51-4881-11 | Basin, Emesis 9" Mve (250/cs) Mgm144 |
| 6 | EA | Pss144 | 2336 | Basin, Wash Recycl Turquoise 7.4qt (50/cs) Pss144 |
| 1 | BX | Mgm16 | 24-202 | Blade, Tongue Sr 6" N/s Lf (500/bx 10bx/cs) Mgm16 |
| 1 | CS | Mgm18 | 18-10856 | Cape, Exam T/p/l F/b Open Econ Whl 30x21 (100/cs) Mgm18 |
| 1 | EA | Mgm80 | 80-8705 | Container, Sharps Stackable 8gl Red (10/cs) |
| 1 | CS | Mgm16 | 18-9526 | Container, Spec W/lid Str 4oz Taped (100/cs) Mgm16 |
| 6 | BX | Wa | 05031-750 | Cover, Probe Oral Suretemp Disp (250/bx 30bx/cs) Wa |
| 1 | BX | Mgm140 | 73 | Cryotherapy Kit, Trifmt 40buds/95ml (1/bx) Mgm140 |
| 1 | EA | Imdsys | 76329906100 | Epinephrine, Mdv 1mg/ml 30ml 9inmed |
| 16 | BX | Mgm14 | 14-688 | Glove, Exam Nitrl Pf Text Lg (100/bx 10bx/cs) |
| 16 | BX | Mgm14 | 14-686 | Glove, Exam Nitrl Pf Text Med (100/bx 10bx/cs) Mgm14 |
| 16 | BX | Mgm14 | 14-684 | Glove, Exam Nitrl Pf Text Sm (100/bx 10bx/cs) |
| 1 | CS | Mgm18 | 18-10847 | Gown, Exam T/p/l Econ Blu 30x42 (50/cs) Mgm18 |
| 3 | EA | Mgm43 | 43-2-010 | Hammer, Taylor Percussion Og Std Mgm43 |
| 4 | EA | Wa | 71000-A | Handle, Rechargeable Battery Wall Plug In 3.5v Wa |

| | | | | |
|----|----|--------|---------------|---|
| 4 | EA | Wa | 11710 | Head, Ophthalmoscope Halogen 3.5v Wa |
| 4 | EA | Wa | 25020 | Head, Otoscope Diagnostic W/specula 3.5v Wa |
| 12 | EA | Mgm23 | 23-D0012 | Hydrogen Peroxide, 3% 16oz (12/cs) Mgm23 |
| 2 | EA | Busse | 751 | Laceration Tray, Minor W/instr (20/cs) Busse |
| 1 | BX | Mgm16 | 16-PASL21G | Lancet, Safety Press Activ Grn 2.0mm 21g (100/bx 20bx/cs) |
| 1 | EA | Hospra | 317803 | Lidocaine Hcl +epi, Ftv 1% 50ml (25/pk) Hospra |
| 1 | EA | Hospra | 427602 | Lidocaine Hcl, Mdv 1% 50ml (25/pk) Hospra |
| 6 | EA | Mgm119 | 119-8919 | Lubricating Jelly, Tu Str 4oz Flip-Top (12/bx) Mgm119 |
| 1 | BX | Mgm16 | 91-2002 | Mask, Face Proc W/earpl Lf Blu (60/bx 10bx/cs) Mgm16 |
| 1 | EA | Drvmed | 4650D | Nebulizer, Pulmomate A/c L/c 3prong Plug Devibs |
| 1 | CS | Psscmp | 32644 | Nebulizer, W/mouthpc Lf Adlt 7lu (60/cs) |
| 1 | BX | Mgm102 | 102-N251S | Needle, Safety 26gx1" (100/bx 8bx/cs) Mgm102 |
| 1 | BX | Mgm102 | 102-N2558S | Needle, Safety 25gx5/8" (100/bx 8bx/cs) Mgm102 |
| 1 | BT | Mckesn | 00071041813 | Nitrostat, Tab Subl 0.4mg (25/bt 4bt/ct) 9pfz |
| 1 | BT | Mgm61 | 61-58120 | Packing Strip, Plain 1/4"x6yds Str Lf (12 Mgm61 |
| 6 | BX | Mgm16 | 58-204 | Pad, Alcohol Prep Str Med (200/bx) Mgm16 |
| 1 | CS | Mgm18 | 18-804 | Paper, Table Crepe 21"x125" (12rl/cs) Mgm18 |
| 1 | EA | Psprod | 42023010401 | Ppd Aplisol, Vi 5tu/0.1ml 1ml (10test/vl) Jhpphm |
| 1 | EA | Mgm123 | 1311 | Punch, Biopsy Disp Str 3mm (25/bx) Mgm123 |
| 1 | EA | Mgm123 | 1314 | Punch, Biopsy Disp Str 5mm (25/bx) Mgm123 |
| 6 | EA | Mgm37 | 37-6280 | Saline, Irr Sol 0.9% 500ml (18/cs) Mgm37 |
| 1 | BX | Mgm16 | 16-63811 | Scalpel, Disp Non-Sfty Str Lf #11 (10/bx 10bx/cs) |
| 1 | BX | Mgm16 | 16-63815 | Scalpel, Disp Non-Sfty Str Lf #15 (10/bx 10bx/cs) |
| 1 | CS | Mgm18 | 18-824 | Sheet, Drape 2ply Wht 40x48 (100/cs) Mgm18 |
| 1 | VL | Tecmed | 7482 | Silver Nitrate, Appl 8" (100/vl 10vl/cs) Tecmed |
| 1 | BG | Wa | 52432-U | Specula, Klnspc 2.75mm (34/tu 25lu/bg 10bg/cs) Wa |
| 1 | BG | Wa | 52434-U | Specula, Klnspc 4.25mm (34/tu 25lu/bg 10bg/cs) Wa |
| 1 | BX | Wa | 59004 | Specula, Vag Kleenspec Prem Lg (18/bx 4bx/cs) Wa |
| 1 | BX | Wa | 59001 | Specula, Vaginal Kleenspec Prem 590 Med (24/bx 4bx/ Wa |
| 1 | BX | Wa | 59000 | Specula, Vaginal Kleenspec Prem 590 Sm (24/bx 4bx/ Wa |
| 16 | BG | Mgm16 | 44122000 | Sponge, Gze 4"x4" 12ply N/s (200/bg) Mgm16 |
| 1 | BX | Mgm130 | S699G | Suture, Nylon Blk 4-0 Dsm13/ps 18" (12/bx) |
| 1 | BX | Mgm130 | S698G | Suture, Nylon Blk 5-0 Dsm13/p3 18" (12/bx) |
| 1 | BX | Mgm130 | SJ494G | Suture, Pgs 4-0 Dsm13/p3 18" (12/bx) |
| 1 | BX | Mgm16 | 24-808 | Swab, Ob/gyn 8" (50/bx) Mgm16 |
| 1 | BX | Psscmp | 987 | Swabstick, Pvp Str (3/pk 25pk/bx 10bx/cs) |
| 1 | BX | Mgm167 | 1181200777KM | Syringe, Li 10cc (100/bx 10bx/cs) |
| 1 | BX | Bd | 309571 | Syringe/ndl, 3cc 23gx1" (100/bx) Bd |
| 1 | BX | Mgm124 | 102-SNT1C2705 | Syringe/ndl, Tb Detachable 1cc27gax1/2" (100/bx) Mgm124 |
| 1 | BX | Mgm115 | 100193 | Tape, Paper Prem 1"x10yds (12/bx 10bx/cs) Mgm115 |
| 1 | KT | WAMPL | 416-022 | Test Kit, Binax Influenza A+b Waived (22/test/kt) WAMPL |
| 5 | BX | WAMPL | 1115015 | Test Kit, Hba1c Hemoglobin Afinion GlycoHb(15stat/bx) WAMPL |
| 1 | KT | Mgm32 | 5012 | Test Kit, Mono Waived Apprv F/all Ages (25/kt) |
| 1 | BX | Mgm126 | 300 | Test Kit, Occult Bld Coloscm 1's (100/bx) |
| 1 | KT | Mgm32 | 5001 | Test Kit, Preg Hcg Cassette Waived (25/kt) |
| 1 | KT | Mgm32 | 5003 | Test, Kit Strep A Dipstick Waived (25/kt) |
| 36 | BX | Kclapc | 21400 | Tissue, Facial Kleenex (100/bx 36bx/cs) KCLAPC |
| 1 | BX | Psscmp | 269 | Towelette, Bzk (100/bx 10bx/cs) PSSCMP |
| 17 | BX | Mgm16 | 50-66160 | Wipe, Germicde Lg 6"x8.75" (160/bx 12bx/cs) Mgm16 |

Fill in this information to identify the case:

Debtor name **Integrity Family Care Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | Amount of claim | |
|-----|---|---|--------------------|
| 3.1 | Nonpriority creditor's name and mailing address Alliant Group LP 3009 Post Oak Blvd Houston, TX 77056 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: services provided Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$23,581.31 |
| 3.2 | Nonpriority creditor's name and mailing address AT&T Attn: Bankruptcy Department P.O. Box 105262 Atlanta, GA 30348-5262 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: open account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$177.35 |
| 3.3 | Nonpriority creditor's name and mailing address Capital One Attn: Bankruptcy Department P.O. Box 5294 Carol Stream, IL 60197-5294 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: open account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$18,626.06 |
| 3.4 | Nonpriority creditor's name and mailing address First Insurance Funding Attn: Bankruptcy Department 450 Skokie Blvd., Ste. 1000 Northbrook, IL 60062 Date(s) debt was incurred _____ Last 4 digits of account number <u>1206</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: insurance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,518.00 |

| | | | |
|--------|--|---|--------------------|
| Debtor | Integrity Family Care Inc. Name | Case number (if known) | |
| 3.5 | <p>Nonpriority creditor's name and mailing address Fite Construction 3116 Sexton Rd Decatur, AL 35603</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$3,236.33 |
| 3.6 | <p>Nonpriority creditor's name and mailing address Foojee 6275 University Drive Suite 37 #331 Huntsville, AL 35806</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$570.00 |
| 3.7 | <p>Nonpriority creditor's name and mailing address Henry Schein Attn: Bankruptcy Department Dept. CH 14125 Palatine, IL 60055-4125</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$3,429.31 |
| 3.8 | <p>Nonpriority creditor's name and mailing address ICS 230 Second Ave Waltham, MA 02451</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$27.50 |
| 3.9 | <p>Nonpriority creditor's name and mailing address InstaMed 1880 John F. Kennedy Blvd Philadelphia, PA 19103</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$175.00 |
| 3.10 | <p>Nonpriority creditor's name and mailing address Integrity Family Care, Inc. 1041 Balch Rd Suite 300 Madison, AL 35758</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Equity Interest</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | Unknown |
| 3.11 | <p>Nonpriority creditor's name and mailing address Lightwire Solution 910 Wilson St NE Decatur, AL 35601</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$10,080.00 |

| | | | |
|--------|--|--|--------------------|
| Debtor | Integrity Family Care Inc. Name | Case number (if known) | |
| 3.12 | <p>Nonpriority creditor's name and mailing address MedPro 5814 Reed Rd Fort Wayne, IN 46835</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$576.97 |
| 3.13 | <p>Nonpriority creditor's name and mailing address Nextiva 9451 East Via De Ventura Scottsdale, AZ 85256</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$5,433.45 |
| 3.14 | <p>Nonpriority creditor's name and mailing address Patterson Prince & Assoc. PC 475 S Seminary St Florence, AL 35630</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$6,475.00 |
| 3.15 | <p>Nonpriority creditor's name and mailing address Systemedx 18741 US Highway 31 N Suite 103 Cullman, AL 35058</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$33,541.11 |
| 3.16 | <p>Nonpriority creditor's name and mailing address TASC 2302 International Ln Madison, WI 53704</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$1,272.00 |
| 3.17 | <p>Nonpriority creditor's name and mailing address Vital Records Control 485 Production Ave Madison, AL 35758</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$579.43 |
| 3.18 | <p>Nonpriority creditor's name and mailing address Warren Averett 2500 Acton Rd Birmingham, AL 35243</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$1,820.00 |

Debtor **Integrity Family Care Inc.**
Name _____

Case number (if known) _____

| | | | |
|------|---|---|-----------------|
| 3.19 | Nonpriority creditor's name and mailing address WOW! Business PO BOX 4350 Carol Stream, IL 60197-4350 | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$488.36 |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Date(s) debt was incurred <u>April 2022</u> | Basis for the claim: <u>closed account</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|--|--|---|
| 4.1 | Vital Records Control PO Box 11407 Birmingham, AL 35246 | Line <u>3.17</u> | — |
| | | <input type="checkbox"/> Not listed. Explain _____ | |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

| Total of claim amounts | | |
|------------------------|----|----------------------|
| 5a. | \$ | 0.00 |
| 5b. | + | \$ 116,607.18 |
| 5c. | \$ | 116,607.18 |

Fill in this information to identify the case:

Debtor name **Integrity Family Care Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Non-residential lease
dates Sept. 26,2016**

State the term remaining

List the contract number of any government contract

CPI/AHP Huntsville Madison MOB Owner, LL

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Equipment Lease
Agreement dated
1/9/2017 - Initial Term:
60 months -
\$2,048.00/month - \$1.00
Purchase Option at end
of initial term
Renewal - Month to
Month or Purchase (?)**

State the term remaining

List the contract number of any government contract

**Highland Capital Corporation
5 Center Avenue
Little Falls, NJ 07424**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Loan Agreement dated
4/27/2021 - Principal
Amount \$150,000 - 104
payments of \$2079.00
12 months**

State the term remaining

List the contract number of any government contract

**Kapitus, LLC
2500 Wilson Blvd.
Suite 350
Arlington, VA 22201**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.4. State what the contract or lease is for and the nature of the debtor's interest

**Option Agreement to Purchase dated 10/22/2021 - 100% of equity interests - Terminates after 3 years
Business Associate Addendum / Interim Management Services Agreement**
30 months

State the term remaining

List the contract number of any government contract

**Lister Healthcare Corporation, Inc.
2807 West Mall Drive
Florence, AL 35645**

- 2.5. State what the contract or lease is for and the nature of the debtor's interest

**Equipment Finance Agreement dated 5/31/2019 - Supplier:
Henry Schein, Inc. - 60 month Term -
\$379/month
Contract No. 41920834
1352690 GE MEDICAL
S L6-12-Rs Probe S/N:
190531103336
1352717 GE MEDICAL
S Logiq V2 Usa S/N:
190531103337
1352441 GE MEDICAL
S Needle Recognition Option
1352321 GE MEDICAL
S Onsite Apps Trng 1 Day
1352531 GE MEDICAL
S Logiq V1/V2 Cart Usa CLOSED?**

State the term remaining

List the contract number of any government contract

**TIAA Commercial Finance, Inc.
10 Waterview Blvd.
Parsippany, NJ 07054**

Fill in this information to identify the case:

Debtor name **Integrity Family Care Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Integrity Family Care North Alabama LLC** **1041 Balch Rd. Ste 300 Madison, AL 35758** **CPI/AHP Huntsville Madison MOB Owner, LL** D 2.1
 E/F _____
 G _____

2.2 **Jason Lockette** **25 Beck St NW Huntsville, AL 35806** **Kapitus, LLC** D 2.4
 E/F _____
 G _____

2.3 **Jason Lockette** **25 Beck St NW Huntsville, AL 35806** **Tower Community Bank** D 2.7
 E/F _____
 G _____

2.4 **Jason Lockette** **25 Beck St NW Huntsville, AL 35806** **U.S. Small Business Administration** D 2.8
 E/F _____
 G _____

2.5 **Jason Lockette** **25 Beck St NW Huntsville, AL 35806** **CPI/AHP Huntsville Madison MOB Owner, LL** D 2.1
 E/F _____
 G _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6 **Jason Lockette,
PC** **20 Hughes Road
Suite 101
Madison, AL 35758** **Top of Alabama
Regional Council of
Gover** D 2.6
 E/F _____
 G _____

2.7 **Jonathan
Osborne** **1039 Hampton Place
Birmingham, AL 35242** **U.S. Small Business
Administration** D 2.8
 E/F _____
 G _____

2.8 **Jonathan
Osborne** **1039 Hampton Place
Birmingham, AL 35242** **CPI/AHP Huntsville
Madison MOB
Owner, LL** D 2.1
 E/F _____
 G _____

2.9 **Jonathan
Osborne, Jr.** **1039 Hampton Place
Birmingham, AL 35242** **Kapitus, LLC** D 2.4
 E/F _____
 G _____

2.10 **Jason Lockette** **25 Beck St NW
Huntsville, AL 35806** **Lister Healthcare
Corporation, Inc.** D _____
 E/F _____
 G 2.4

2.11 **Jonathan
Osborne** **1039 Hampton Place
Birmingham, AL 35242** **Lister Healthcare
Corporation, Inc.** D _____
 E/F _____
 G 2.4

Fill in this information to identify the case:

Debtor name **Integrity Family Care Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2022 to Filing Date

Operating a business

Unknown

Other _____

For year before that:
From 1/01/2020 to 12/31/2020

Operating a business

\$2,211,176.00

Other _____

For the fiscal year:
From 1/01/2019 to 12/31/2019

Operating a business

\$210,573.00

Other _____

For the fiscal year:
From 1/01/2018 to 12/31/2018

Operating a business

\$1,857,219.00

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer Check all that apply |
|---|-------|-----------------------|---|
| 3.1. Kapitus Servicing, Inc. 2500 Wilson Blvd. Suite 350 Arlington, VA 22201 | | \$6,875.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None.

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
|--|-------|-----------------------|---------------------------------|

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None.

| Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|---|-----------------------------|------------------------------------|--|
| 7.1. CPI/AHP Huntsville DV 2022 9000871 | Unlawful detainer action | Madison County District Court | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.2. Republic Finance vs. Robinson DV 20-901293 | garnishment. | | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

 None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss | Dates of loss | Value of property lost |
|--|---|---------------|------------------------|
| | If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | |

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

| Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|---|---|--------------|-----------------------|
| 11.1. Heard, Ary & Dauro, LLC 303 Williams Avenue Park Plaza, Suite 921 Huntsville, AL 35801 | | May 13, 2022 | \$8,900.00 |

Email or website address
www.heardlaw.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

| Who received transfer? Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|--|---|---------------------------|--------------------------|
| 13.1 Huntsville Hospital 101 Sivley Road SW Huntsville, AL 35801 | Database of records | | Unknown |
| Relationship to debtor | | | |

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

| Address | Dates of occupancy From-To |
|---------|-------------------------------|
|---------|-------------------------------|

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---|---|---|
| 15.1. Integrity Family Care, Inc. PO Box 14099 Belfast, ME 04915 | Healthcare | |
| Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 1041 BALCH RD., STE. 300 MADISON, AL 35758 | | How are records kept? <i>Check all that apply:</i> |
| | | <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper |

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

No.

Yes. State the nature of the information collected and retained.

Confidential healthcare information

Does the debtor have a privacy policy about that information?

No

Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---|---------------------------------|--|--|---|
| 18.1. US Bank Account Analysis and Billing 200 South 6th Street Minneapolis, MN 55402 | XXXX-7043 | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | | \$0.00 |

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Does debtor still have it? |
|---|--|-----------------------------|----------------------------|
|---|--|-----------------------------|----------------------------|

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

| Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---------------------------|-----------------------------------|-----------------------------|----------------------------|
|---------------------------|-----------------------------------|-----------------------------|----------------------------|

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

| Owner's name and address | Location of the property | Describe the property | Value |
|---|--|-------------------------|-------------|
| Highland Capital Corporation 5 Center Avenue Little Falls, NJ 07424 | 1041 BALCH RD. AL 357 STE. 300 Madison, AL 35758 | Highland Equipment List | \$11,009.00 |

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the Official Form 207
Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy page 5

medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
- Yes. Provide details below.

| Case title Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|-------------------------------------|--------------------|----------------|
|---------------------------|-------------------------------------|--------------------|----------------|

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
- Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

| Business name address | Describe the nature of the business | Employer Identification number <small>Do not include Social Security number or ITIN.</small> |
|---|-------------------------------------|---|
| 25.1. Integrity Family Care North Alabama, LLC Madison, AL 35758 | 100% | Dates business existed EIN: 81-3269686 From-To present |

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

| Name and address | Date of service From-To |
|---|----------------------------|
| 26a.1. Patterson Prince and Assoc. PC 475 S. Seminary St. Florence, AL 35630 | 2019-present |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None

| Name and address | If any books of account and records are unavailable, explain why |
|--|--|
| 26c.1. Jason Lockette Madison, AL 35758 | |

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None

| |
|------------------|
| Name and address |
|------------------|

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.

| | | |
|---|-------------------|--|
| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|---|-------------------|--|

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|-------------------|---|-------------------------------------|-----------------------|
| Jason Lockette | 25 Beck St NW Huntsville, AL 35806 | President | 13.3% |
| Jonathan Osborne | 1039 Hampton Place Birmingham, AL 35242 | Director | 28.3% |
| Randy Garner | 1458 Baton Rouge Way Grayson, GA 30017 | Director | 3.2% |
| Chandler Hall | 81 Town Center Drive Huntsville, AL 35806 | Director | 3.1% |
| Jacqueline Parker | 2369 Ooltewah-Ringgold Rd Ringgold, GA 30736 | Director | .08% |
| Tommie Goggans | 450 Meadow Wood Rd Gadsden, AL 35901 | Director | 0 |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in

control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
 Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|--|-------|--------------------------------|
|-------------------------------|--|-------|--------------------------------|

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
 Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
|--------------------------------|--|

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
 Yes. Identify below.

| Name of the pension fund | Employer Identification number of the pension fund |
|--------------------------|--|
|--------------------------|--|

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 23, 2022

/s/ Jason Lockette
Signature of individual signing on behalf of the debtor

Jason Lockette
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
 Yes

United States Bankruptcy Court
Northern District of Alabama

In re Integrity Family Care Inc.

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|--------------------|
| For legal services, I have agreed to accept | \$ <u>8,900.00</u> |
| Prior to the filing of this statement I have received | \$ <u>0.00</u> |
| Balance Due | \$ <u>8,900.00</u> |

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 23, 2022

Date

/s/ Kevin D. Heard

Kevin D. Heard

Signature of Attorney

Heard, Ary & Dauro, LLC

303 Williams Avenue

Park Plaza, Suite 921

Huntsville, AL 35801

256-535-0817 Fax: 256-535-0818

kheard@heardlaw.com

Name of law firm

**United States Bankruptcy Court
Northern District of Alabama**

In re Integrity Family Care Inc. _____ Case No. _____
Debtor(s) Chapter 7 _____

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: May 23, 2022

/s/ Jason Lockette
Jason Lockette/President
Signer>Title

| | | |
|---|---|---|
| CPI/AHP Huntsville Madison MOB Owner, AT&T 1767 Singing Palm Dr. Apopka, FL 32712 | Attn: Bankruptcy Department P.O. Box 105262 Atlanta, GA 30348-5262 | Integrity Family Care North AlabarbL 1041 Balch Rd. Ste 300 Madison, AL 35758 |
| Dell Financial Attn: Bankruptcy Department P.O. Box 5275 Carol Stream, IL 60197 | Capital One Attn: Bankruptcy Department P.O. Box 5294 Carol Stream, IL 60197-5294 | Integrity Family Care, Inc. 1041 Balch Rd Suite 300 Madison, AL 35758 |
| Highland Capital Corporation 5 Center Avenue Little Falls, NJ 07424 | CPI/AHP Huntsville Madison MOB Owner, Jason Lockette 25 Beck St NW Huntsville, AL 35806 | |
| Kapitus, LLC 2500 Wilson Blvd. Suite 350 Arlington, VA 22201 | First Insurance Funding Attn: Bankruptcy Department 450 Skokie Blvd., Ste. 1000 Northbrook, IL 60062 | Jason Lockette, PC 20 Hughes Road Suite 101 Madison, AL 35758 |
| TIAA Commercial Finance, Inc. 10 Waterview Blvd. Parsippany, NJ 07054 | Fite Construction 3116 Sexton Rd Decatur, AL 35603 | Jonathan Osborne 1039 Hampton Place Birmingham, AL 35242 |
| Top of Alabama Regional Council of Gov. Edojee Attn: Bankruptcy Department 5075 Research Drive NW Huntsville, AL 35805 | 6275 University Drive Suite 37 #331 Huntsville, AL 35806 | Jonathan Osborne, Jr. 1039 Hampton Place Birmingham, AL 35242 |
| Tower Community Bank Attn: Bankruptcy Department 8097 Madison Blvd., Ste. 106 Madison, AL 35758 | Henry Schein Attn: Bankruptcy Department Dept. CH 14125 Palatine, IL 60055-4125 | Lightwire Solution 910 Wilson St NE Decatur, AL 35601 |
| U.S. Small Business Administration Attn: Bankruptcy Department 2 North Street, Suite 320 Birmingham, AL 35203 | ICS 230 Second Ave Waltham, MA 02451 | Lister Healthcare Corporation, Inc. 2807 West Mall Drive Florence, AL 35645 |
| Alliant Group LP 3009 Post Oak Blvd Houston, TX 77056 | InstaMed 1880 John F. Kennedy Blvd Philadelphia, PA 19103 | MedPro 5814 Reed Rd Fort Wayne, IN 46835 |

Nextiva
9451 East Via De Ventura
Scottsdale, AZ 85256

Kyle A. Scholl
200 Randolph Ave Suite 200
Huntsville, AL 35801

Patterson Prince & Assoc. PC
475 S Seminary St
Florence, AL 35630

Lanier Ford Shaver & Payne PC
PO Box 2087
Huntsville, AL 35804

Systemedx
18741 US Highway 31 N Suite 103
Cullman, AL 35058

Vital Records Control
PO Box 11407
Birmingham, AL 35246

TASC
2302 International Ln
Madison, WI 53704

Warren Averett
2500 Acton Rd Suite 200
Birmingham, AL 35243

Vital Records Control
485 Production Ave
Madison, AL 35758

Warren Averett
2500 Acton Rd
Birmingham, AL 35243

WOW! Business
PO BOX 4350
Carol Stream, IL 60197-4350

Henry Schein, Inc.
135 Duryea Road
Melville, NY 11747

Kapitus Servicing, Inc.
2500 Wilson Blvd.
Suite 350
Arlington, VA 22201

United States Bankruptcy Court
Northern District of Alabama

In re Integrity Family Care Inc.

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Integrity Family Care Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

- None [*Check if applicable*]

May 23, 2022

Date

/s/ Kevin D. Heard

Kevin D. Heard

Signature of Attorney or Litigant
Counsel for **Integrity Family Care Inc.**

Heard, Ary & Dauro, LLC

**303 Williams Avenue
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Huntsville, AL 35801
256-535-0817 Fax:256-535-0818
kheard@heardlaw.com**